

Case Number:	CM15-0138442		
Date Assigned:	07/28/2015	Date of Injury:	03/09/2004
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 69-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 9, 2004. In a utilization review report dated July 7, 2015, the claims administrator failed to approve requests for a pain relieving cream, Prilosec, and Lidoderm patches, all of which were apparently prescribed and/or dispensed on or around June 2, 2015. The applicant's attorney subsequently appealed. On an RFA form of June 9, 2015, authorization was sought for tramadol, Prilosec, Lidoderm patches, and the topical cream in question. Some of the articles were apparently dispensed on March 26, 2015, the treating provider reported. In an associated letter dated June 2, 2015, the attending provider appealed previously denied Lidoderm patches, Prilosec, and tramadol. The applicant was described as having chronic low back pain status post earlier failed lumbar discectomy surgery, it was reported. Ancillary complaints of upper and lower back pain were reported. The attending provider stated that Prilosec had been employed to ameliorate issues of GI upset and/or heartburn which had been present at various points in time. The attending provider stated that Lidoderm patches were keeping the applicant functional. The attending provider stated that Lidoderm patches had only been employed after gabapentin had been tried. The attending provider stated that the applicant's ability to perform activities of self-care, personal hygiene, and unspecified household chores have been ameliorated as a result of ongoing medication consumption. The attending provider stated that the Pomada Dragon cream was comparable to Biofreeze Gel. The attending provider did not explicitly state whether the applicant was or was not working. On a March 26, 2015 progress note, the applicant reported ongoing complaints of low back pain, 8/10. The attending provider posited that the applicant's ability to perform activities of daily living such as cleaning and doing her laundry had been ameliorated as a result of ongoing medication

consumption. The applicant was using Lidoderm patches, Biofreeze, Prilosec, Lexapro, Desyrel, tramadol, and Lidoderm patches, it was reported. Multiple medications and permanent work restrictions were renewed. It was not explicitly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The note was difficult to follow as it mingled historical issues with current issues. One section of the note stated that the request for Lidoderm patches represented a renewal request as the applicant was currently using the same, while another section of the note stated that Lidoderm was being prescribed for the first time on the grounds that gabapentin had proven ineffectual. An earlier note of January 29, 2015, however, did acknowledge that the applicant was using Lidoderm patches as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Pomada dragon ultra pain relieving cream #2 (DOS 06/02/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonprescription medications; Salicylate topicals Page(s): 66; 105. Decision based on Non-MTUS Citation 1. Pomada Dragon Ultra Strength Pain Relieving Cream.

Decision rationale: Yes, the request for a Pomada Dragon cream was medically necessary, medically appropriate, and indicated here. Per the National Library of Medicine (NLM), the Pomada Dragon cream is a salicylate topical. Page 105 of the MTUS Chronic Pain Medical Treatment Guidelines notes that salicylate topicals such as the Dragon cream in question are recommended in the chronic pain context present here. Page 66 of the MTUS Chronic Pain Medical Treatment Guidelines also recommends nonprescription medications for chronic pain, as was/is present here. The Pomada cream, per Wal-Mart, is an inexpensive, over-the-counter, \$5.97 cream. Introduction of the Dragon cream, thus, was indicated, given (a) its inexpensive nature and (b) the favorable MTUS position(s) on salicylate topicals and over-the-counter agents. Therefore, the request was medically necessary.

Retrospective Prilosec 20mg Qty: 60 with 3 refills (DOS 06/02/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for Prilosec, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia seemingly present here. The attending provider's appeal letter of June 2, 2015 did suggest that the applicant developed heartburn at various points over the course of the claim and that ongoing usage of Prilosec had effectively attenuated the same. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Retrospective Lidoderm patches 5% Qty: 30.00 with 3 refills (DOS 06/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: Finally, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. The request in question did represent a renewal or extension request for the same. The applicant was using the Lidoderm patches in question on a historical progress note on January 29, 2015, it was acknowledged above. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant reported pain complaints as high as 8/10 on March 26, 2015, despite ongoing Lidoderm patch usage. Ongoing Lidoderm patches have failed to curtail the applicant's dependence on opioid agents such as tramadol. Permanent work restrictions were renewed, unchanged, on the March 26, 2015 office visit at issue. It did not appear that the applicant was working with said limitations in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of Lidoderm patches in question. The applicant's failure to demonstrate functional improvement with Lidoderm patches outweigh the subjective reports of analgesia effected as a result of the same. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care, personal hygiene, and laundry as a result of ongoing medication consumption were outweighed by the failure of Lidoderm to reduce the applicant's work restrictions, the failure of Lidoderm to reduce the applicant's consumption of Ultram, and the seeming failure of Lidoderm to effect the applicant's return to work. Therefore, the request was not medically necessary.